



CANNON BUILDING
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STATE OF DELAWARE
BOARD OF OCCUPATIONAL THERAPY PRACTICE

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

REQUEST FOR PRE-APPROVAL OF CONTINUING EDUCATION

Enter Name and Address of Contact to Whom Response Should Be Mailed:

INSTRUCTIONS

When to Submit

Complete this form to request Board approval of an organized educational activity intended to fulfill the continuing education (CE) requirements for maintaining an Occupational Therapy Practice license in Delaware. All CE activities must be approved by the Board. Either Delaware licensees or program providers may submit a request before the program takes place. However, if the program is not approved, the applicant will be notified and no CE credit given. The Board pre-approves CE sponsored or approved by AOTA or offered by AOTA-approved providers as long as the content is not excluded by Section 3.5.1.1 of the Board's [Rules and Regulations](#). If an organization above has **approved this program/course, STOP. You do not need to submit this form.**

Examples of activities for which **no credit** is given for:

- courses that relate to documentation for reimbursement
- job-related duties in the workplace such as a fire safety, OSHA or CPR or job-related meetings such as department meetings, student supervision and business meetings in the work setting.

For full information on acceptable CE, see Section 3.0 of the Board's [Rules and Regulations](#).

Documentation Required

Submit this form **no later than ten business days** before the Board's meeting to the address above.

- ☐ Complete and sign request form.
- ☐ **If request is submitted by a course provider, enclose fee of \$40 by check or money order payable to "State of Delaware." If a Delaware licensee submits the request, no fee is required.**
- ☐ Enclose documentation of the course objectives and a detailed course schedule with start and end times, showing breaks and meal periods.
- ☐ Enclose resume or *curriculum vitae* (CV) for each presenter.

REQUESTER COMPLETES THIS SECTION

- Requester (check one): ☐ Sponsor/Course Provider
☐ Delaware Licensed Occupational Therapist or Occupational Therapist Assistant
- If you are a Delaware Licensee requesting approval of a course, enter:
Your Name: _____ Delaware License #: **U** ____ - _____
Phone: _____ Email: _____
- Enter the following information about the course Sponsor:
Sponsored by: _____
Contact Person: _____ Email: _____
Address: _____
Street City State Zip code
Phone: _____ Fax: _____ Website URL: _____

REQUESTER COMPLETES THIS SECTION (continued)

4. Check type of activity:

- ☐ Course ☐ Professional Meeting/Activity ☐ Publication ☐ Presentation
☐ Research/Grant ☐ Specialty Certification ☐ Fieldwork Supervision

5. Program Title: _____

6. Program Location: _____

7. Program Date(s): _____

Enclose documentation of the course objectives and a detailed course schedule with start and end times, showing breaks and meal periods.

8. List Program Presenter(s):

Enclose resume or *curriculum vitae* (CV) for each presenter.

PRESENTER NAME	TITLE

9. Is proof of completion provided? (i.e., Certificate) Yes ☐ No ☐

10. Total Contact Hours Requested (Excluding Breaks) _____

Submit this request and all supporting documentation to the Delaware Board of Occupational Therapy Practice at the address above. If you have questions, email: customerservice.dpr@state.de.us

BOARD OFFICE COMPLETES THIS SECTION

Board Review Date: _____

☐ Approved for _____ hours. Approval Expires: _____

☐ Tabled - List reason(s) below. ☐ Denied – List reason(s) below.

The above request was denied or tabled for the following reason(s):

Authorized Signature: _____ Date: _____